U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatury under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6287	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT J SPILLER	Name IRON WORKERS AFL-CIO
	Labor Organization File Number 000-052
P.O. Box, Bldg., Room No., if any Suite 400	P.O. Box, Building and Room Number, if any
Street 2106 WASHINGTON ROAD	Street 1750 New York Avenue, N.W.
City CANONSBURG	City Washington
State PENNSYLVANIA ZIP Code +4 15317-4936	State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. GENERAL VICE PRES	THEOL
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Nome	
Trade Name, if any:	
Service and the service and th	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing	ROBERT J. SPILLER	File Number U-

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IMPACT	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	
Street 1750 New York Avenue, NW, NW Lobby	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Receives contributions from Employers who have collective bargaining contracts with local unions - \$4,519,541
Trade Name, if any:	IMPACT leases office space & employees from Iron Workers - \$1,057,284
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5,576,825
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	09/14/04 -San Francisco Regional Advisory Board - Food & Drinks
	12.b. Amount. \$ 107
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filina

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File Number U-

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Impact	
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1750 NEW YORK ENEMUE NW NW LORBY	c. Employer
City WASHINGTOD	
State DISTRICT OF COLUMBIA ZIP Code + 4 20006	
STATISTICS OF CHAMBER 211 COURT 1 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Receives contributions from Employers who have collective bargaining contracts with local unions - \$4,519,541
Trade Name, if any:	IMPACT leases office space & employees from Iron Workers - \$1,057,284
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$5,576,825
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	09/14/04 – San Francisco Regional Advisory Board– Food and Drinks
	12.b. Amount. \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name (
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing ROBERT J SPILLER		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the busines rely seeking to represent, or lirectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name IMPACT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street IT SO NEW YORK PIENUE, NW NW LORBY City WASHINGTON State DISTRICT OF COLUMBIA ZIP Code +4 20006	9. Business deals with: X a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal Receives contribut collective bargain \$4,519,541 IMPACT leases offi Workers - \$1,057,2	ions from Employing contracts wi	th local :	unions -
Street City State ZIP Code + 4	11.b. Approximate dollar val 12.a. Nature of interest he 06/16/04 — Nev Regional Advis Food and Drink	or income received. W Orleans Bory Board —	\$ 5,576	1,825
	12.b. Amount.		#	123
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.			

14.b. Amount of payment.

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

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Name of Person Filing ROBERT J SPILLER		File Number U-
B. Heid an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IMPACT	X a. Labor Organizati	on
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Street 1750 NEW YORK ENERGY	c. Employer	
City WASHINGTOD		
State DISTRICT OF COLUMBIA ZIP Code +4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
Name Trade Name, if any:	collective bargaini \$4,519,541 IMPACT leases offic	ons from Employers who have ng contracts with local unions - e space & employees from Iron
P.O. Box, Bldg., Room No., if any	Workers - \$1,057,28	4
Street	11.b. Approximate dollar value	e of such dealing. 35,576,825
City	12.a. Nature of interest held	
State ZIP Code + 4	06/02/04 – Atla Regional Advi Food and Drin	sory Board -
	12.b. Amount.	\$ 99:
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		

(Including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer or Consultant?

Name	of	Person	Filing
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ROBERT J SPILLER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name IMPACT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ITSO NEW YORK ANENUE, NW NW LDRBY City WASHINGTON State DISTRICT OF COLUMBIA ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Receives contributions from Employers who have collective bargaining contracts with local unions - \$4,519,541		
Trade Name, if any:	IMPACT leases office space & employees from Iron Workers - \$1,057,284		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$5,576,825		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	04/21/04 — St. Louis Regional Advisory Board — Food and Drinks		
	12.b. Amount. \$ 99:		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street :			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing KOBERT J SPILLER	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NATIONAL COUNCIL OF ERECTORS, FABRICATORSAL RIGGERS Trade Name, if any: NOEFR P.O. Box, Bldg., Room No., if any P.O. Box 280 Street 10 382 Main STREET. City FAIRFAX State VIRGINIA ZIP Code + 4 22030	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. A SSOCIATION WITH INTEREST AND CONCERN ABOUT THE CONSTRUCTION INDUSTRY			
Street	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 05/10/04 RECEPTION FOOD AND DRINKS			
	12.b. Amount. \$ 90			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filling ROBERT J SPILLER	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NATIONAL ERECTORS ASSOCIATION/SEGALCO Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 202 Street ISOI LEE HIGHWAY City ARLINGTON State VIRGINIA ZIP Code +4 22209-1104	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	National Erectors Association — an association with interest and concern about the construction industry. Segalco - Firm that performs services for related pension plans. Monetary dealings with this firm listed below.			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 05/11/04 RECEPTION FOOD AND DRINKS			
	12.b. Amount. \$ 156			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling ROBERT T SPILLER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name TRONWORKERS EMPLOYER ASSOCIATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z270 NOBLESTOWN RD. City PITTSBURGH State FENNSYLVANIA ZIP Code +4 15205-4137	9. Business deals with: A. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. ASSOCIATION WITH INTEREST AND CONCERN ABOUT THE CONSTRUCTION INDUSTRY
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. 02/03/04 EMPLOYERS ANNUAL DINNER FOOD AND DRINKS
	12.b. Amount. \$\\ \\$\\ 1/\\ 2_
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value. 14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.